



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

Complete if Known	
Application Number	10/669,099
Filing Date	September 22, 2003
First Named Inventor	Gorfine, Stephen R.
Examiner Name	Tate, Christopher Robin
Art Unit	1655
Attorney Docket No.	010692-004532US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

-20 or HP = _____ x _____ = _____

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): Submission of Information Disclosure Stmt _____

180

SUBMITTED BY

Signature		Registration No. 46,946 (Attorney/Agent)	Telephone 925-472-5000
Name (Print/Type)	Frank J. Mycroft		Date June 28, 2006

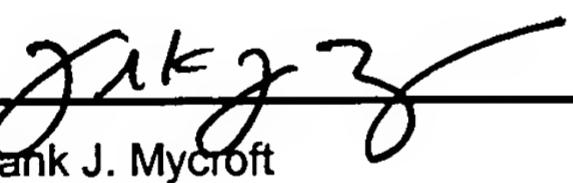


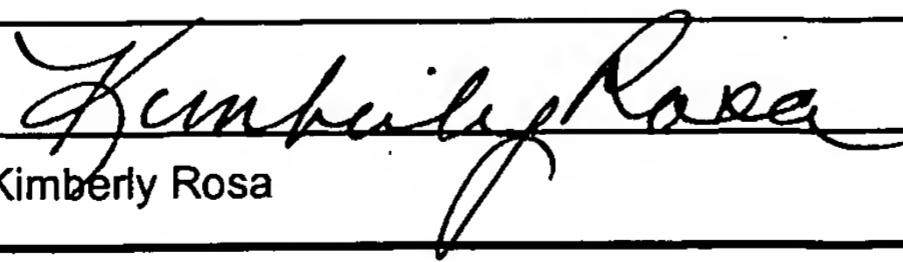
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/669,099
		Filing Date	September 22, 2003
		First Named Inventor	Gorfine, Stephen R.
		Art Unit	1655
		Examiner Name	Tate, Christopher Robin
Total Number of Pages in This Submission	470	Attorney Docket Number	010692-004532US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement with 36 references	<input type="checkbox"/> CD, Number of CD(s) _____	Return Postcard	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
<p>Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</p>			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Frank J. Mycroft		
Date	June 28, 2006	Reg. No.	46,946

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Kimberly Rosa	Date	June 28, 2006